

## **Service Coordination**

The Department of Disabilities and Special Needs provides Early Intervention services to young children in a blended model, meaning that the child's Service Coordinator is also their Family Training provider. This model was chosen in order for children and families to experience more continuity of service and endure less stress because fewer people are entering their homes.

The Service Coordinator is the person who works in partnership with the family to coordinate needed services. The Service Coordinator must assure that children/families have access to a full array of needed services including medical, social, educational, or other services. The Service Coordinator is responsible for identifying individual needs, strengths, and resources of the child and family; coordinating services that are supportive, effective and cost efficient to meet those needs; and monitoring the provision of those services. The Service Coordinator must partner with families in order to empower them. Through this partnership, families can learn to make decisions and coordinate their own care and services.

### **Overall Roles and Responsibilities of Service Coordinators include:**

1. Completing that all required training within outlined timeframes. This should include DDSN specific training as well as any on the job training. Required training will be assigned to each Early Interventionist by TECS based on the results of the Early Intervention Credential application;
2. Assisting, if assistance is needed, the parent in locating a primary care physician for their child unless it is the documented expressed wish of the parent not to have one;
3. Assisting the family to locate information or by making referrals as needed for preventive measures, medical evaluations, and treatment so that the parent may make informed healthcare decisions for their child;
4. Obtaining a Service Agreement and Permission to Evaluate (Attachment #3) signed by the child's parent or legal guardian (for a child in DSS Foster Care, the Foster Parent may sign the Service Agreement on the child's behalf) once the need for a DDSN service is identified and prior to that any DDSN service being delivered. A new Service Agreement must be obtained if there is a change in legal guardianship or each time a child's has been closed and re-opened to the Early Intervention Program;

5. Maintaining and ensuring all needed changes are made to CDSS, STS, and BabyTrac within 3 working days of the change; CDSS and BabyTrac must contain current demographic information, support services information, waiver services information, other agency information and eligibility status information.
6. Developing, coordinating, reviewing and revising the IFSP (Individualized Family Service Plan) and the FSP (Family Service Plan) to address family and child strengths and needs identified by the family;
7. Coordinating transitions to and from other community services (i.e., between early intervention and public school, Head Start, Early Head Start, and child care in the community);
8. Attending interagency staffings and meetings;
9. Documenting all aspects of Early Intervention activities including: written plans, reports, progress and follow-up towards goals;
10. Keeping separate the documentation of Family Training and Service Coordination. Service coordination and Family Training are two separate services that may be provided during one visit with a family; however, they are two different services and must be documented as such;
11. Signing all service notes, Family Training sheets, and IFSP's/FSP's;
12. Reporting activity on the Individual Service Report (ISR);
13. Attending court ordered hearings or other legal proceedings;
14. Completing all required actions as outlined in the MR/RD, PDD, and HASCI Waiver manuals when a service funded by the Waiver is identified as a need or the family expresses an interest in or a desire for waiver enrollment;
15. Assisting family members with locating resources to meet their child's needs;
16. Closing, transferring and maintaining records according to Procedural Bulletin #13 of this manual;
17. Arranging, linking, integrating, coordinating, and monitoring the delivery of services, including assessment, medical, and health services, across agency lines, and serving as a liaison between parents and other service providers;
18. Serving as a single point of contact in helping the parent to obtain the services and assistance they need;

19. Assessing child and family concerns, priorities, and resources on a regular basis; assessing the child's development and monitoring the child's progress toward goals;
20. Initiating the IFSP/FSP process and taking responsibility for the development, implementation, and reviews of the IFSP/FSP;
21. Facilitating the timely delivery of available services and monitoring the provision of services;
22. Exploring appropriate services and situations needed to benefit the development of each child being served for the duration of the child's eligibility;
23. Establishing and maintaining communication among all parties involved with the child and family;
24. Ensuring that procedures are followed related to communicating with children and families in their native language or primary mode of communication, confidentiality of information, and parental access to and amendment of records are followed;
25. Ensuring appropriate and timely documentation, including the reporting of relevant data and the submission of required forms, and other documentation to DDSN and BabyNet as required or appropriate;
26. Recognize signs and symptoms of illness and take action accordingly;
27. Recognize and assist the family in assuring environments are free of fire and safety hazards. The attached Safety Checklist should be completed annually. This form can be modified however it must include all of the same information. (See Attachment # 4);
28. Recognizing signs and symptoms of abuse and neglect and when identified takes action accordingly;
29. Offering and documenting the choice of providers at time of intake and at least annually thereafter at a minimum (See Attachment #1);
30. Contacting quarterly those children served concurrently by SCSDB;
31. Offering services through Greenwood Genetics Center to all families. This offer must be documented on the Genetic Service Consent Form; and
32. Completing the Cost of Services form with 10 days of the initial plan and on an annual basis for every child served.

**Specific Roles and Responsibilities of Service Coordinators include:****First Contacts/Intake**

1. Contacting all children/families newly referred within three (3) working days after obtaining a referral;
2. Explaining the Early Intervention Program including the eligibility determination process;
3. For children birth to three, the Early Interventionist must have a Service Agreement and Permission to Evaluate (See Procedural Bulletin 6, Attachment #3) signed by the child's parent or legal guardian (for a child in DSS Foster Care, the Foster Parent may sign the Service Agreement on the child's behalf) once the need for a DDSN service is identified and prior to a DDSN service being provided, but no later than 10 working days. For children three to five, the EI must have the Service Agreement signed within ten working days of the completion of the screening disposition.
4. Beginning a family directed identification of family needs, strengths, concerns, priorities and resources, activities and places.

**Curriculum Based Assessment**

1. Completing Curriculum Based Assessment and interpreting the results to develop the plan and identifying services that are potentially needed. (Further details outlined in Procedural Bulletin #8).

**Individualized Family Service Plan (IFSP)/Family Service Plan (FSP)**

1. Ensuring completion of initial and annual plans. For specific information regarding the completion of the IFSP document, please refer to the BabyNet Policy and Procedure Manual. For specific information regarding the completion of the FSP document, please refer to Procedural Bulletin #11.
2. Annual verification of Medicaid benefits.

**Eligibility Determination**

1. Collect information including birth records, medical records, therapy reports, Individual Education Plans, if applicable, that will assist with eligibility determination;
2. Completing a Consumer Information Summary (CIS) to send to the Consumer Assessment Team;
3. Assembling an Eligibility packet that will include; an Eligibility Cover letter, the

CIS, all pertinent records, and the IFSP/FSP;

4. Monitoring the eligibility timeline and recording documentation regarding the process and any delays (Further details outlined in Procedural Bulletin #6.);
5. Making referrals to other community resources, as appropriate.
6. Notifying the family of the eligibility decision in writing.

### **Specifics regarding Transitioning to Service Coordination**

1. The Level I/II Assessment (See Attachment #2) must be completed by the Early Interventionist prior to initiating transfer to Service Coordination. If the child's assessment indicates the need for Level I Service Coordination they should be transitioned to Service Coordination as soon as possible. When a child is transitioned to Service Coordination, every effort should be made to schedule a joint home visit with the new Service Coordinator. During that visit both staff should discuss the changes that the family will experience as a result of the move to Service Coordination.
2. If the Level I/II Assessment indicates the need for Level II the Early Interventionist must complete the SC Levels Form give the family a copy of the form with information in reference reconsideration/appeal procedures (Attachment #3), then the case should be transferred to Service Coordination.

### **Overall Roles and Responsibilities when Transitioning to Service Coordination**

1. Educating the parent about service options, transition process;
2. Functioning as a liaison between the child and parent and the program to which the child is transitioning, as appropriate, including making referrals, arranging transition planning meetings, providing information to the parent about the program to which the child is transitioning; and
3. Working with the parent and service providers to arrange for appropriate services to continue for the child after his third birthday, as needed.

## **Acknowledgement of SC/EI Choice**

By signing this form I understand and acknowledge that my rights regarding choice of providers have been explained, and a list of qualified providers has been made available to me. I have reviewed the available options and have selected the provider listed below. I understand that at any time, if I am dissatisfied with my chosen provider, I can elect to change to another provider if available. My choice of qualified provider is:

**Service Coordination:** \_\_\_\_\_

**Early Intervention:** \_\_\_\_\_

\_\_\_\_\_  
Consumer (if age 18 or older) Date

\_\_\_\_\_  
Parent/Legal Guardian (if applicable) Date

\_\_\_\_\_  
Service Coordinator/Early Interventionist/Other Date

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### **Updated Choice of SC/EI Provider**

**Provider:** \_\_\_\_\_

\_\_\_\_\_  
Consumer/Parent Signature Date

\_\_\_\_\_  
Service Coordinator/Early Interventionist/Other Signature Date

**Provider:** \_\_\_\_\_

\_\_\_\_\_  
Consumer/Parent Signature Date

\_\_\_\_\_  
Service Coordinator/Early Interventionist/Other Signature Date

## LEVEL I/LEVEL II SERVICE COORDINATION ASSESSMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Instructions: Respond to each item. Responses should be supported by information contained in the person's record or file. If any item is scored "Yes", Level I Service Coordination is indicated. If none of the items are scored "Yes", then Level II Service Coordination is indicated.

ITEM	Yes	No
1. This person's DDSN eligibility being determined? (If this person's eligibility determination process has been ongoing for more than 6 months, this question may be answered "no").		
2. This person has identified needs that will require the active and ongoing interventions of a Service Coordinator or Early Interventionist to address. Such interventions may be required due to the person's need for intensive treatment or services, parent/caregiver with limited skills or with a disability who is unable to provide adequate care/supervision of services and needs, the person's undiagnosed condition requiring further evaluation, the person's current or recent involvement in a volatile or possibly abusive, neglectful, or dangerous situation, etc.		
3. This person is in a critical situation (i.e., his/her name is on DDSN critical waiting list).		
4. This person is currently enrolled in the MR/RD, HASCI, PDD, or Community Supports Waiver.		
5. This person lives in an alternative placement or a DDSN supported placement other than an ICF/MR.		
6. This person is being concurrently served by DJJ.		
7. This person has medical (including genetic) conditions that require consistent, coordinated care by general or specialty physicians, therapists, and other allied health professionals and needs the active and ongoing interventions of a Service Coordinator regarding those services.		
8. This person is currently experiencing health risk indicators such as uncontrolled high blood pressure or unmanaged diabetes and their primary care physician is <u>not</u> managing this care.		
9. This person/guardian has expressed health or safety concerns that neither they nor others have been able to resolve, that they appear not to have recognized or are not addressing or refusing to address.		
10. This person is engaging in behaviors with serious health, safety, or legal consequences.		
11. This person is a threat to the health and safety of others.		
12. This person is experiencing circumstances that are a threat to his/her current living situation (such as behavioral issues or lack of supervision), or that threaten the continuation of care in the near future by the primary caregiver (such as health or aging issues)?		

\_\_\_\_\_  
Service Coordinator/ Early Interventionist

\_\_\_\_\_  
Date

Procedural Bulletin #7  
Attachment #2

## Service Coordination Levels

Service Coordination is defined by Medicaid policy as the coordination of services to assure that people have access to a full array of needed services, thereby preventing the need for institutionalization or more costly services or interventions. When providing Service Coordination, it is expected that the Service Coordinator actively identify needs and resources, actively coordinate services to meet those needs, and actively monitor those services over time to assure that they continue to be necessary and appropriate. When active and on-going interventions from a Service Coordinator are required in order to access needed services, Level I Service Coordination services will be provided.

For those who do not require the active, ongoing interventions of a Service Coordinator in order to access needed services, SCDDSN provides Level II Service Coordination. Short-term, limited service coordination is provided at this level but there is no annual plan.

According to SCDDSN's Level I/Level II Service Coordination Assessment, \_\_\_\_\_ requires Level II Service Coordination.

This means that:

1. You will be contacted by a Service Coordinator or other provider staff once a year to determine whether there have been changes in address, telephone number, or primary contact person, and to generally determine how you are doing. You will be informed of available service providers and given the opportunity to select another one if you choose to do so.

2. You may contact the Service Coordinator anytime you need assistance:

Service Coordinator: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If the above Service Coordinator is not available, you should ask for the Service Coordination Supervisor.

If you wish to discuss this decision, please contact the above service coordinator. If you wish to appeal this decision, please write or tell the service coordinator or the supervisor that you wish to appeal. They will then tell you about the procedures. You may also have someone make an appeal for you.

\_\_\_\_\_  
SC/EI Date

\_\_\_\_\_  
SC/EI Supervisor Date

Procedural Bulletin #7  
Attachment #3



# Safety Checklist

The Early Interventionist should review the health and safety checklist with the parent/caregiver. Any answer that may point out a potential danger should be discussed and every possible effort should be made to "remove" the potential danger.

## Child's Room

Yes    No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child have a crib or a safe place to sleep?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are crib slates no more than 2 3/8 inches apart?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the crib mattress fit the crib snugly?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child's crib located near a window with curtains and/or blinds? If so, it is advisable to move the crib to a different location. |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the child's bed/crib placed away from radiator's or other heated surfaces?   |

## Kitchen

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the kitchen cabinets equipped with safety locks?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cleaning products kept out of the child's reach?                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Is the high chair placed away from the stove or other hot Appliances? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are knives and other sharp items kept out of child's reach?           |

## General Precautions

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Is there a fire extinguisher in the home?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there smoke detectors in the home?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have an emergency exit plan to use in case of fire? If not a plan is advised. |
| <input type="checkbox"/> | <input type="checkbox"/> | Does the child have a car seat? If yes, is it appropriate for that age child?        |
| <input type="checkbox"/> | <input type="checkbox"/> | Are televisions placed in locations where they are likely to fall?                   |

- ☐ ☐ Are there stair gates at the base and top of any stairs in the home?
- ☐ ☐ Are house plants kept out of reach of small children?
- ☐ ☐ Are all electrical sockets covered?
- ☐ ☐ Is the child provided constant supervision during bath-time?
- ☐ ☐ Are space heaters and/or kerosene heaters kept at a safe distance from other objects?
- ☐ ☐ Are space heaters and/or kerosene heaters kept out of reach of the child(ren)?

#### Home Safety Review

The review of the following safety checklist was completed with my early interventionist on this date.

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Parent/Caregiver

Date

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Early Interventionist

Date

Procedural Bulletin # 7  
Attachment # 4